

1 with standards of care.

2 Q But do all -- do all surgeons have to follow
3 WPATH's standards of care?

4 A I can't -- all surgeons is a broad term.

5 Q So you're unaware of a requirement that all
6 surgeons follow WPATH's standard of care --
7 standards of care?

8 A If you're saying is it the law, I don't believe
9 it's the law. Is it good practice for people to
10 participate consistent with established clinical
11 guidelines based on the best available evidence,
12 yes. If you're asking standard of care as it
13 implies a particular case, that would depend upon
14 the facts of the case.

15 Q To your knowledge, you know, apart from the
16 question of good practice, is it a widespread
17 practice for surgeons to follow WPATH's standards
18 of care?

19 A So I know and I'm frequently in contact with many
20 surgeons. To my knowledge, many surgeons do
21 practice -- who perform gender-affirming surgeries
22 do practice consistent with the standards of care.

23 Q But not all?

24 A I can't speak for the entire universe of surgeons.

25 Q Does WPATH allow for independent medical judgment

1 regarding treatment of gender dysphoria?

2 A All clinical guidelines allow for medical judgment.
3 I'm -- I'm not aware of clinical guidelines that
4 would say a physician shouldn't use their medical
5 judgment.

6 Q Can a mental health professional or a surgeon use
7 his or her own medical judgment appropriately
8 without consulting WPATH's standards of care?

9 A So first I -- you know, I can't speak for a mental
10 health professional. That's not my area of
11 expertise. I'll limit my comments to surgery. Are
12 you referencing within the context of
13 gender-affirming surgery or in general?

14 Q Yeah, that's fair. Within the context of
15 gender-affirming surgery, can a surgeon exercise
16 sound independent medical judgment without
17 consulting WPATH?

18 A I'm not sure what you mean by consulting. Are you
19 saying being unaware of the standards of care?

20 Q Without referencing or applying the standards of
21 care.

22 A Again, I can't speak for all surgeons. The
23 surgeons I know who generally perform -- much of
24 their practice involves gender-affirming care
25 and/or in my communications, the surgeons who I

1 know practice consistent with the standards of care
2 that does include the ability on a case-by-case
3 basis to exercise one's medical judgment as it does
4 with -- with all clinical guidelines.

5 Q Does WPATH provide for alternative treatment
6 options for gender dysphoria apart from surgery?

7 A WPATH does not prescribe any particular treatment.
8 So, in other words, W- -- the standards of care
9 have articulated that not all individuals undergo
10 surgery.

11 Q So, in other words, there are multiple treatment
12 options suggested by WPATH's standards of care?

13 A As with all areas of medicine, how a particular
14 patient would be treated would depend upon the
15 individual case. People may find relief of
16 dysphoria in various ways. People will make
17 decisions regarding surgery based on a number of
18 factors, which may include risks of surgery, may
19 include financial considerations, may include
20 family or personal considerations.

21 Q All right. So treatment options other than surgery
22 can effectively treat gender dysphoria?

23 A No, I don't think that characterizes it. It's not
24 an either/or situation. So, number one, as we said
25 earlier, surgery is not a vacuum. Number two, it's

1 not as if someone may necessarily choose hormones
2 or surgery. So I would not characterize it as an
3 either/or. It depends on the clinical
4 circumstances and it depends on the person and it
5 depends upon goals and expectations, their concerns
6 about risks or benefits. And that's how we make --
7 and that's how people make medical decisions in --
8 in a variety of arenas. Some cisgender women may
9 opt mastectomy, some may opt for lumpectomy or
10 radiation for cancer recognizing that local
11 recurrence rates are higher with that. And so I
12 would not characterize it as there's different
13 treatment options both of which may be equally
14 effective. I would say it's identifying the
15 appropriate treatment plan for the patient and
16 then, as with all medical care, it's a discussion
17 between the patient and the physician as to whether
18 or not an intervention would be performed.

19 Q But the appropriate treatment plan for a patient
20 does not necessarily have to include surgery?

21 A Surgery is not mandated, but that doesn't mean that
22 surgery should not be an option. And so if the
23 question is should surgery be off the table, in
24 other words, should surgery not be -- should
25 surgery not be allowed under any circumstances, no,

1 WPATH, I would say the standards of care, that
2 would be inconsistent with the standards of care.
3 Standards of care would allow for surgery in
4 appropriate people and in appropriate
5 circumstances.

6 MR. CARLISLE: All right. That's all I have.
7 Thank you, sir.

8 THE WITNESS: Thank you.

9 EXAMINATION

10 QUESTIONS BY MR. FALK

11 Q Doctor, you don't need to refer back to the
12 exhibit, but in Exhibit 22 you were asked questions
13 about a comment concerning studies being of low and
14 intermediate quality, and you responded talking
15 about Levels 3, 4, and 5. And I got confused about
16 the juxta- -- the juxtaposition of the concept of
17 low, intermediate quality and Level 3, 4, and 5.
18 Could you explain that, please?

19 A Sure. Well, I think there can be some subjectivity
20 as to how one might consider a particular level of
21 evidence. Typically levels of evidence are graded
22 1 to 5, 1 typically the highest level and 5
23 typically being the lowest level, but as to how a
24 particular study might be looked at, I think
25 stating it the level is perhaps more objective than

1 trying to imply whether it's low, middle.

2 Q Okay. And are Level 3, 4, and 5 studies valid
3 studies or that's a study -- or are those studies
4 that you see regularly in medical science?

5 A Yes. I mean, you know, as we discussed and as I
6 discussed in the report, not all questions can be
7 answered by a randomized controlled trial. We've
8 -- we've talked about that, obvious reasons in
9 surgery: No blinding, no placebo, the ability to
10 randomize people or deny people medically necessary
11 care, of course. So that doesn't discount the
12 validity of Level 3, 4, or 5 studies. And, in
13 fact, much of the literature in plastic surgery is
14 Level 3, 4, and 5.

15 MR. FALK: I have no further questions.

16 MR. CARLISLE: Nothing on those.

17 MR. FALK: Doctor, as you probably know since
18 you've done this before, you have the right to
19 review this and make any changes, not substantive
20 but any changes, typos and what have you, or you
21 can waive that. I generally repre- -- I generally
22 recommend to my clients that they review, but
23 that's -- that's your call.

24 THE WITNESS: Okay. Then I will opt for the
25 review.

1 MR. FALK: Okay. And we'll take an E-Tran and
2 then I'll just forward it to the doctor.

3 MR. CARLISLE: We'll take an E-Tran as well.
4 Thank you.

5 COURT REPORTER: Okay. Thank you.

6 (Deposition concludes at 4:07 p.m. EST.)
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
EVANSVILLE DIVISION

JONATHAN RICHARDSON aka)	
AUTUMN CORDELLIONE,)	
)	
Plaintiff,)	Civil Action No.
)	3:23-cv-00135-RLY-CSW
-v-)	
)	
COMMISSIONER, INDIANA)	
DEPARTMENT OF CORRECTION,)	
)	
Defendant.)	

Job No. 187804

I, LOREN SCHECHTER, M.D., state that I have read the foregoing transcript of the testimony given by me at my deposition on January 26, 2024, and that said transcript constitutes a true and correct record of the testimony given by me at said deposition except as I have so indicated on the errata sheets provided herein.

LOREN SCHECHTER, M.D.

STEWART RICHARDSON & ASSOCIATES
Registered Professional Reporters
One Indiana Square, Suite 2425
Indianapolis, IN 46204
(800)869-0873

1 STATE OF INDIANA)
)
2 COUNTY OF WARRICK)

3
4 I, Sherry D. Lenn, RPR, and Notary Public in
5 and for said county and state, do hereby certify
6 that the deponent herein was by me first duly sworn
7 to tell the truth, the whole truth, and nothing but
8 the truth in the aforementioned matter;

9 That the foregoing deposition was taken on
10 behalf of the Defendant; that said deposition was
11 taken at the time and place heretofore mentioned
12 between 2:38 p.m. EST and 4:07 p.m. EST;

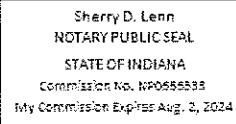
13 That said deposition was taken down in
14 stenograph notes and afterwards reduced to
15 typewriting under my direction; and that the
16 typewritten transcript is a true record of the
17 testimony given by said deponent;

18 And thereafter presented to said witness for
19 signature; that this certificate does not purport
20 to acknowledge or verify the signature hereto of
21 the deponent.

22 I do further certify that I am a disinterested
23 person in this cause of action; that I am not a
24 relative of the attorneys for any of the parties.
25

1 IN WITNESS WHEREOF, I have hereunto set my
2 hand and affixed my notarial seal this 19th day
3 of February, 2024.
4

5
6 *Sherry D. Lenn*



10 Job No. 187804
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